



**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF OKLAHOMA**



**Credit/Debit Card Authorization Form**

**Name of Attorney/Participant:**

I hereby authorize the United States Bankruptcy Court for the Eastern District of Oklahoma to charge the following credit/debit card for payment of fees and other court related matters.

✓	Type of Card	Credit Card Number and Expiration Date
	Visa	Please include: V code on back of the card in italics _____ CC#
	MasterCard	CC#
	American Express	Please include: CID Code by expiration date 4-digits _____ CC#
	Visa Debit Card	CC#
	Discover Card	CC#
	Diner's Club Card	CC#
	MasterCard Debit Card	CC#

**Please Print:**

<b>Name on Card</b>	
<b>Address:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Zip Code:</b>	
<b>Phone Number:</b>	

Please indicate if this information is:    New ☐    Updated ☐

This form will be kept on file in the Clerk's Office and shall remain in effect until specifically revoked in writing. It is the responsibility of the cardholder named herein to notify the Clerk's Office of the new expiration date when a credit card has been renewed, canceled or revoked. This information will be securely maintained in the Clerk's Office.

In the event the charge against this account is denied, you will be notified immediately to make payment in cash, money order or certified check. Any abuse of this privilege may result in your removal from the credit card program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Please return completed form to: U.S. Bankruptcy Court, Financial Dept., P.O. Box 1347, Okmulgee, OK 74447